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c.—THERAPEUTICS OF THE NERVOUS SYSTEM AND MIND.

ACTION OF ANÆSTHETICS.—H. Ranke (*Centralblatt*, 25th Aug., 1877,) mentions his older experiments in which he anticipated the recent results of Binz, that certain hypnotics, morphine, chloral, ether, and chloroform produce a coagulation in the cerebral ganglion-cells. Experimenting in 1867 with chloroform, ether, and amylene, he had found that during prolonged narcosis the irritability is lost first in the nerve, subsequently in the muscle, and that finally rigidity occurs. He had also observed that the vapor of these anæsthetics coagulates solutions of myosine and cerebral albuminoids. Differing from Binz, he could coagulate neither the ganglion-cell nor a solution of it by means of morphine.

More recent experiments have shown that rigidity is produced in muscles by injections into the artery of ether, amylene, bromoform, chloroform, and solutions of bromal and chloral. Comparative injections of water, various salts, alcohol, etc., did not coagulate the living muscle. Ranke, therefore, advances the hypothesis that the narcotic effects of these substances depend on a similar temporary coagulation produced in the ganglion-cells. (No mention is made that the same hypothesis is maintained since many years by Cl. Bernard on similar grounds.]

INJURIOUS EFFECTS FROM ELECTRIC TREATMENT.—Dr. D. F. Lincoln (*Boston Med. and Surg. Journal*) calls attention to the effects that are sometimes produced by electrical treatment in aggravating certain symptoms and producing new ones, indicating an occasional injurious action. This injurious effect he attributes to over-stimulation of the nerves and ganglion, the action of electricity being generally stimulant to the nervous system. He gives several cases in which this injurious effect followed electric treatment.

The undesirable symptoms which are sometimes noticed during the application of electricity may not be injurious, however uncomfortable they are for the time—they do not, Dr. Lincoln thinks, absolutely indicate that the treatment is not doing good.

SALICYLATE OF SODA.—MM. Bochefontaine and Chabert have experimented upon the physiological action of salicylate of soda, and recently reported their results to the Acad. des Sciences, Paris. According to these investigators, it is neither a cardiac nor a muscular poison, nor does it act on the extremities of the nerves. Its action appears to be limited to the gray substance.

ACTION OF PILOCARPINE AND ATROPINE ON THE SWEAT GLANDS.—Dr. B. Luchsinger (Pfluger's Archiv., Bd. 15, S. 482,) has continued his researches on the mechanism of perspiration in the cat. Pilocarpine, the alkaloid of jaborandi injected subcutaneously in the dose of 0.01 grm. (1-7 grain), causes violent perspiration of the paws. That this is in part due to stimulation of the nerve-terminations is proven by the persistence of sweating after section of the sciatic nerve. If, however, a sufficient time has elapsed since the section to permit complete degeneration of the nerve, the corresponding sweat glands are no longer excited to action by pilocarpine. But the alkaloid stimulates also the origin of the sweat nerves in the cord, since on cutting off the blood supply to the hind legs and severing the cord from the medulla, pilocarpine will still induce perspiration.

The effects of the above mentioned dose are checked by 0.003 grm. atropine. Even electric stimulation of the sciatic nerve fails now to excite the sweat glands. But if, now, another dose of 0.01 grm. pilocarpine is injected under the skin of one paw, the secretion returns at that spot and irritation of the nerve is again followed by perspiration, while the paralytic effects of atropine are still manifest in the glands of the other foot. These well executed experiments prove a perfect reciprocal antagonism between pilocarpine and atropine in the action on the sweat glands. H. G.

NEUROTOMY.—At the International Medical Congress at Geneva (Sept. 9-15, 1877, rep. in *Gaz. des Hopitaux*), M. Letievant defended the operation of neurotomy in rebellious cases of neuralgia. It was, he said, by no means as unreliable a means as had been stated, and no more dangerous than any other insignificant wound. Care should be taken not to cut the nerve until it was fairly laid open to view, and that no vessels, etc., are included in the section, to avoid hemorrhage. Care should also be taken to not tear or roughly pull the nerve so as to shock its encephalic roots.

M. Letivant has performed twenty-two neurotomies in sixteen cases and twelve individuals. In all the cases it was performed on account of intense and persistent pains, resisting all other treatment. The duration of